



AWANA Registration 2018-2019

Medical Treatment
Consent & Liability
Release Form
For Minors
California Civil Code
Section 25.8

Name of Guardian:	Relationship to Child (Children):	Club Night Phone	Emergency Phone
Clubber Home Address:	City:	State:	Zip:
Home Phone:	Father's Cell Phone:	Mother's Cell Phone:	Family email:

Clubber's Name	Gender	Birthday	Age	Grade	Club
1	M / F				
Allergies/Medications/Details from box checked below/Other					
2	M / F				
Allergies/Medications/Details from box checked below/Other					
3	M / F				
Allergies/Medications/Details from box checked below/Other					
4	M / F				
Allergies/Medications/Details from box checked below/Other					
Medical Insurance Company:		Policy#:	Name of Pediatrician:		Pediatrician Phone:

- | | | | |
|---|-----------------------------------|--|---|
| <input type="checkbox"/> Medications | <input type="checkbox"/> Seizure | <input type="checkbox"/> Asthma | <input type="checkbox"/> Physical Disorder |
| <input type="checkbox"/> Drug Allergies | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Nervous Disorder |
| <input type="checkbox"/> Cardiac | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Insect Stings | <input type="checkbox"/> Emotional Disorder |

MEDICAL RELEASE

I the undersigned parent/guardian of _____, do hereby authorize the adult sponsor of this AWANA program bearing this written authorization, into whose said care the above mentioned minor child(ren) has been entrusted, to obtain proper medical care from a licensed medical or dental doctor or facility, in the case of an emergency. The medical/dental care is to include, but is not limited to, any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which the aforementioned physician or dentist in the exercise of his best judgment may deem advisable. This authorization shall include transportation to receive the medical or dental care.

FINANCIAL RESPONSIBILITY

In the event of injury or illness to my child(ren)/ward, I agree that I/we and my health care insurer shall be financially responsible for any medical treatment required by my child(ren)/ward as a result of any injury or illness suffered during his/her participation in any church related activities.

RISK

RE: Athletics, games, travel, hiking, climbing, projects, weather, hobbies, and other related activities

I am aware that these activities may involve some hazard. I have considered these risks and I still wish my child to participate. In consideration of my child(ren)/ward participating in these activities, I agree not to bring legal action against Bethel Grace Baptist Church, its staff, or sponsors as a result of any injury suffered in the course of my child(ren)/ward's participation.

I have read and understand the terms of this agreement.

Signature of Parent or Legal Guardian

Date



Office Use Only	CLUB		DATE:	Issued	CLUB		DATE:	Issued	CLUB		DATE:	Issued
	C S T	Reg \$30X			C S T	Reg \$30X			C S T	Reg \$30X		
	C S	Vest \$15X			C S	Vest \$15X			C S	Vest \$15X		
	T	Shirt \$20X			T	Shirt \$20X			T	Shirt \$20X		
	C S T	Book \$15X			C S T	Book \$15X			C S T	Book \$15X		
	C S T	Bag \$10X			C S T	Bag \$10X			C S T	Bag \$10X		
	SS/CA/CK#			Total	SS/CA/CK#			Total	SS/CA/CK#			Total

Discipline Policy

Here at Bethel Grace, we seek to provide a fun and safe environment for children of all ages. In order to do this, we must abide by certain rules and have established consequences in the event those rules are not followed. **It is expected that parent(s)/guardian(s) read the Discipline Policy with their child(ren) and encourage them to abide by the following rules.**

1. Follow directions the first time they are given.
2. Talk when it is your time to talk, and always in an appropriate and respectful manner.
3. Always respect authority.
4. Be considerate of others' feelings and belongings.
5. Name-calling, teasing, or the use of any inappropriate language is never acceptable.
6. Keep hands, feet, and objects of any kind to yourself.
7. There will be no hitting, kicking, or fighting.
8. Abide by all safety rules.

Failure to abide by these rules will result in an initial warning depending on the violation, followed by these consequences:

1. First violation: 10-minute "time out" from regular activities
2. Second violation: Conference between the AWANA Commander and parent/guardian
3. Third violation: Conference between the Senior Pastor, AWANA Commander, and the parent/guardian, as well as a one-day suspension from the program
4. In the event of further violation, the participant will be sent home for the remainder of the program.

In addition, the use or possession of illicit drugs, alcohol, or a weapon (an object wielded as a weapon); or the exhibition of continual defiance, violence, dangerous or inappropriate behavior will result in immediate suspension or removal of participation from the program. **Every incident will be evaluated on a case-by-case basis and consequences will be determined by the severity of an incident. Suspension will only take place in the most extreme cases and at the discretion of the AWANA Commander and Senior Pastor.**

I and my child(ren) have read and agree to abide by the above Discipline Policy.

Signature of Parent or Legal Guardian

Signature of Child(ren)

Date

Photo/Video Policy

I, _____, give permission for my child(ren), _____, to be photographed and videotaped during the AWANA program at Bethel Grace Baptist Church. I understand that these photos/videos will be used in the future for publicity and will be posted on the church's website. I understand that names and personal information will never be released.

I do not give permission for my child(ren), _____, to be photographed and videotaped.

Signature of Parent or Legal Guardian

Date